

LIONS SOCCER ACADEMY, LLC 2018
MEDICAL HISTORY AND RELEASE FORM
*You will not be admitted to camp without this form
PLEASE FILL OUT AND SEND WITH APPLICATION

April Clinic Sessions: April 7

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Health History:

If the camper should be restricted from any activity, please note:

If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or history, which would require special attention:

Has the camper had any of the following? Asthma, Chicken Pox, Diabetes, German Measles,
High Blood Pressure , Fainting, Heart conditions, Head Injury, Measles, Mumps, Pneumonia

If yes to any, please circle and explain: _____

Allergies: Yes/No If yes, please explain:

Drug Reactions: Yes/No If yes, please explain:

***PLEASE ATTACH MOST RECENT PHYSICAL WITH DOCTOR'S
SIGNATURE***

INSURANCE INFORMATION:

Carrier Name:

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Emergency Contact Name: _____

Phone Number: _____

PARENT AUTHORIZATION AND GENERAL RELEASE FROM LIABILITY

I, _____ AM SIGNING FOR MYSELF ON BEHALF OF MY CHILD AND I AM AT LEAST 18 YEARS OLD, LEGALLY COMPETENT, AND I UNDERSTAND AND AGREE THAT THE TERMS BELOW ARE CONTRACTUAL. MY INTENT IN SIGNING THIS DOCUMENT IS TO ACKNOWLEDGE AND ASSUME THE RISKS INVOLVED IN THIS UNDERTAKING AND TO RELEASE LIONS SOCCER ACADEMY LLC, ITS AGENTS AND ASSIGNS, FROM ANY LIABILITY NOT CAUSED BY IT'S DIRECT AND WILLFULL NEGLIGENCE WITH RESPECT TO MY INVOLVEMENT, INJURY OR DEATH IN THIS CLINIC. I APPROVE OF MY CHILD'S ATIENDANCE AT THIS CLINIC AND CERTIFY THAT HE/SHE IS IN GOOD HEALTH AND IS FIT TO PARTICIPATE. I UNDERSTAND THAT THERE ARE INHERENT RISKS IN THIS ACTIVITY, WHICH HAVE BEEN CONSIDERED AND WHICH THE PARTICIPANT ASSUMES. PARTICIPANT HAS MEDICAL INSURANCE. I AGREE TO HOLD HARMLESS LIONS SOCCER ACADEMY LLC, EMERSON COLLEGE AND THEIR AGENTS FROM CLAIMS OR DAMAGES DUE TO INJURY TO PERSON OR PROPERTY ARISING FROM MY CHILD'S PARTICIPATION IN THE CLINIC. I CONSENT TO EMERGENCY TREATMENT FOR MY CHILD, IF IN THE JUDGEMENT OF LIONS SOCCER ACADEMY LLC, IT IS REQUIRED. THIS WAIVER HAS BEEN READ AND UNDERSTOOD AND IS SIGNED VOLUNTARILY BY ME AS THE LEGAL REPRESENTATIVE FOR THE PARTICIPANT.

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE: